

**Governor's Commission  
To Review and Advise on the Implementation of  
New Hampshire's Medicaid Care Management Program**

**MEETING MINUTES  
May 12, 2016**

**State House Room 100  
Concord, NH**

**Welcome and Introductions**

The meeting is called to order by Donald Shumway at 1:00 p.m. Present in addition to Donald Shumway is Doug McNutt, Yvonne Goldsberry, Roberta Berner, Ken Norton, Gus Moral (by phone), Wendy Gladstone, Tom Bunnell, and Jeff Meyers. Michael Bailit introduces himself; he will be presenting today. Marilee Nihan is in attendance as presenter.

Don thanks Deb Scheetz for her ongoing work as troubleshooter for issues that arise from these meetings. Approval of Minutes for April will be voted on next meeting; as they did not get sent out until today.

**Presentation and Discussion**

Yvonne expressed appreciation for Michael Bailit of Bailit Health to join us today as he has extensive experience in the policy and practice of Medicaid Managed Care, working with several states and national organizations. Michael will talk about working with value based care systems. In focusing on following up on items from Step 1, this is a timely presentation. We as a commission put in a recommendation focused on medical homes based on a series of presentations – at the time we talked about it around acute care; today discussion will be around MLTSS.

Michael Bailit reviews his presentation; this can be found on the Medicaid Care Management Commission Website at: <http://www.governor.nh.gov/commissions-task-forces/medicaid-care/2016.htm>. His focus is on managed care and payment reform.

Yvonne comments that the Department has worked hard on quality measures and there is a lot there that we can work from on opportunities. Don Shumway asks about long term supports – are states successfully measuring this? Michael Bailit answers that a HEDIS measure is necessary but there isn't one at this point; extensive data will need to be gathered. Don Shumway notes that in June there will be more review on care coordination. Doug wonders how many states bring on trained staff rather than training staff? Bailit answers that states normally use their current staff and reassign and then bring in someone externally for training purposes to learn how to do their work differently.

Don makes it known that Michael is volunteering his time for this presentation today and opens it up to the public.

Roland Lamy: In procurement of contracts are there states with good examples of performance measure linked with their insurance department? Some states collaborate others do not; doesn't have examples to provide. Kathy Sgambati asks about contracting with Minnesota that he mentioned was it two separate contracts? Michael answers that it's been successful in Minnesota – they contracted counties for care management and they created pm/pm to hold providers accountable. However, Minnesota is much

different than NH. It changed the relationship between the state and counties and it was a positive outcome.

### **DHHS Update**

Marilee Nihan reviews her presentation with the Commission including enrollment, CMS managed care final rule, and behavioral health contract. At a future commission meeting the Department will provide more specifics around the managed care rule. Deb Scheetz lets the group know that there have been four provider issues. They are working with GSIL to more easily submit claims for payments. Also working with children with disabilities on outstanding issue; vetting and looking at claims and working with providers. The Department did receive an inquiry from a parent whose child had difficulty with medication and this is under medical review with the health plan. Have first cut data analysis from PDN for rate reimbursement; we will submit first report to the Commission once we have completed that. Marilee encourages providers and clients to reach out the Department right away with any issues that cannot be resolved through standard channels.

Marilee asks for monthly updates from the plans on agreements with Community Mental Health Centers. The Department speaks with the plans regularly and had an extensive meeting with them recently. A point that was given to them was on capitation arrangement being an important issue for the Department and we want to see it moving forward; worked hard to get where we are and believes it's the future of the delivery of services for NH.

Lisabritt Solsky speaks on behalf of Well Sense. We remain confident that new agreements will be in effect for June 1. Probably won't be able to get first capitation rate until July.

Gabrial Martinez covers for Centene. Recently they had a call with Roland and received internal feedback on language which is being cleaned up. Sending final out to Roland by May 16<sup>th</sup>. Trend on utilization rate will be looked at and two options will be submitted to the association for review. All in agreement that they want this wrapped up by June 1<sup>st</sup>. Also running parallel process for Monadnock Family Services.

Roland – spending a lot of time with MCOs looking at centers performance on capitation. The challenge has been redistribution on dollars so that everyone has a fair chance; this has been difficult. The Department will be updated on this. He also hopes to get agreements done by next month.

Marilee gives synopsis on consent agreement and good understanding of priorities of implementation. The State is under court order to improve services (ie: employment support, transfer clients to community based settings). For MCO contract period this February through June timeframe we front-load the community mental health agreement budget and put into MCO capitation. Want to have resources to support the MCO's. Now into designing rates for the fiscal year 17 contract and looking at where we are with CMHA compliance and what we really think can happen and building those dollars into the rates. The state as a whole is not in complete compliance; there are some deficits but we are making progress on this.

Ken Norton asks if there will be quality measures for NH Hospital or ER visits? Yes – there is an entire management plan specific to the CMHA that we are using to demonstrate our compliance with the plan and meeting the provisions of the plan. Dr. Lotz, Medicaid Chief Medical Officer is going to do a quality improvement in June including a component around CMHA.

### **NH Community Services Work Group and other Workgroups**

The primary function of this commission is to review and recommend status and improvement to be made in implementation of MCM. We will continue to bring recommendations moving forward as a draft. The

public and the Commission can review and then discuss at the following meeting and get ready to formally submit their recommendations. Don reviews the process and outline of final recommendations; this draft workpaper can be found on the Medicaid Care Management Commission Website at: <http://www.governor.nh.gov/commissions-task-forces/medicaid-care/2016.htm>. Workgroups have been working on many different pieces. Looking to have clear contributions from each work group by the June meeting so that we are able to submit for July.

Don lets the public know that they can also supply input and recommendations by sending along to this Commission. Don is thankful that the MCOs have been attending these commission meetings as we want their considerations of these matters as well; he will follow up with the MCOs.

Recommendations begin with the need for ongoing public input. Priority is also for senior supports given the very challenging demographics. Senior provider capacity and their financial stability is also viewed as critical.

Finally, recommendations include a dashboard is developed regarding Medicaid managed care financial indicators and outcomes. Don goes through the Commission recommendations included in the handout:

- A. Public Engagement and Community Participation
- B. Achieving Stability of the Medicaid Program Finances  
Doug McNutt notes that under #8 this is a tremendous opportunity for global approach and figure out a way that makes sense.
- C. Stability of Medicaid Workforce in Care-Giving, Clinical, and Administrative Personnel
- D. Meeting Legislative Mandate Quality and Value Services
- E. Managed Care Organization Role and Assurance Accountability

Don confirms that the other Commission members should spend time on reviewing this and then in June and July the Commission will delve deeper with comments and more input. Kathy Sgambati suggests that the public send comments to her and she will post that info on the website. She also thinks that we should do a cover letter to include the stakeholders as well as the commission so it's realized that there was input from many different areas/stakeholders. We will then develop this as a consensus document. The Commission members will review and get back to the group with comments and input at the upcoming meetings.

Roberta has question about process – do comments go to the whole Commission members or just to Don Shumway. Don suggests that it might be a good idea to send to the entire group so dialogue can be open.

Public comment on process – development of recommendation – did these come from the workgroups? Don answers that the initial ideas came from the workgroup; but several of the ideas were brought back by getting input from the public and other areas. There are some issues that are not on here yet; eventually there will be more input and there will be more recommendations added. This is only a first draft and does not represent all workgroups and does not represent consensus of the Commission. All workgroup recommendations should be in by July including public input. Would like to have as much input by June.

### **Public Comment**

Kristine Stoddard – represents Community Health Centers. Centers have had a number of issues around PA that have been difficult to resolve. She is hoping that they can get on the agenda in June or July. For instance HB 1680 is an issue for the Community Health Centers – an example a patient was prescribed three different drugs over 10 different days and never received any drug over that time. This client was told that she needed to fail three of the four drugs first; however she was denied PA for the drugs.

Yvonne notes that their workgroup has been looking at PA issues. She would want to know if these are isolated cases or if this is widespread? She feels that in many instances these can be worked on directly with the MCOs. If this is a systematic issue then we would need to look at data; however if it's an isolated case then working with the MCOs would be the best bet. Kristine notes that she says the same issues keep coming up with many clients. Don suggests that Deb Scheetz develop conversation on this topic to gain understanding and where the Department would like to work with Bi-State and its members. Deb Scheetz will bring this back to Commissioner Jeff Meyers. The Department does not want to see this either and this is an issue we want to be aware of. Don asks that Bi-State supply any data that they have to the Department. Once we have more information on this then we can work with the MCOs and find a way for them to work with Bi-State on this. Senate voted to pass 1680 there was a lot of discussion between many groups relative to that legislation. Lisabritt wants to make a point of clarification that Well Sense only has formulary there is no PDL. This formulary changes weekly.

### **Closing Comments**

In July there will be CMS Rule Discussion and Care Management Discussion. Donald Shumway adjourned meeting at 4:15 p.m.

Minutes Submitted by:

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NH Department of Health & Human Services